

Belgravian Bureaucracy

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In his Annual Report on the Health Advisory Service, Dr Peter Horrocks makes a statement that should worry all psychiatrists. He writes, "Participation and leadership in the process of change needs to be re-gained by the respective professional bodies, not least by the Royal College of Psychiatrists".

Few would doubt that the largest change for more than a century is taking place in psychiatric care. This change probably needs, and depends upon, the development of a taut accountability-review system of management, with the focus on particular individuals ensuring that particular objectives are achieved. The sapiential authority of individual doctors, the consensus statements of medical advisory groups, and the bureaucratic structures and procedures of the College were almost bound to lose some force and prominence in this faster moving organisational system. It is suggested that some radical changes may be required in the way our professional advice is formulated. From within general management circles, it is my impression that they really do mean it when they say that high quality advice from the profession is strenuously sought and dearly needed.

As Fellow on Council and a member of the Public Policy Committee for the last 12 months, I wonder if the following are symptoms of a condition that needs careful diagnosis and treatment. College Committees are many and some are very large. At the last count the PPC had 42 members, including seven co-opted and three observers. Around 17 attend each monthly meeting, but not the same 17; advice may subtly change from meeting to meeting, depending on who is there and who is not. Agendas can be very long. There is a tendency to refer difficult issues back and forth between Executive and Finance, Council and the Sections. Items recur and recur. Special Working Groups are a popular device for dealing with really vexed issues, like confidentiality, but many Committees of the College may want to send a representative. Such a system tends to be mainly reactive and cautious and slow, as voluminous minutes will testify. If you thought it would be easy to identify who is charged with the responsibility for working up a matter of public policy, you would be wrong.

And yet we all know of individuals who, when given the clear brief to do so, are capable of working on a problem or developing an idea towards a proposal which is much better and more acceptable than that which can be produced at monthly meetings by busy doctors popping in and out of central London. There is often more, not less, consultation through a wider network of individuals. Good practice is sought out, studied, and then used constructively to persuade and reassure those individuals or groups who fear

change. Safe ground is found for exploring the concerns of outside critics and involving them in finding the right solution. This happens regularly in our College, but perhaps not enough for the present climate. It can produce advice which is proactive, even visionary, for a committee with the clear responsibility to decide on our behalf whether it shall be adopted as the College view.

The only consultation document from Sir Roy Griffiths on the financing of Community Care flashed through the PPC in 10 minutes, with many doubting their comprehension yet feeling something rather momentous was about to be decided. Perhaps there are some areas which are so complex and require such specialised knowledge that the committee system should not be involved until 'someone' in whom we have confidence has obtained a clear grasp of the matter and can brief us on the main issues and choices.

A greater emphasis on individual leadership seems to be well established in areas of education, the accreditation of training and the membership examinations. At least I have always got the impression that the Dean and the Chief Examiner run the show for us. They inform and consult, but we are usually happy for them to lead. Convenors of accreditation visits come to tell us painful things about our services and tell us how it is done better elsewhere. We have quite enjoyed being challenged by these individuals, who have a clear responsibility to push for change, and we are proud of the progress made. The Chairman of the Manpower Committee has, with a few others, trodden the minefields of manpower planning to get a good result with JPAC on senior registrar numbers, unfettered by dispersed responsibilities throughout a Manpower Committee whose membership has been glad to let her lead.

Some of the problems at national level are reflected in some regional and district psychiatric advisory groups, still used to old forms of decision-making in 'cogwheel' advisory structures. Health Authorities and Managers are desperately seeking psychiatrists who can lead the change and resolve the conflicts amongst their colleagues that the formal medical advisory machinery cannot. That is not to say the medical advisory machinery is by-passed, but rather energised by individuals having the brief to search out solutions to the more discomfiting issues confronting local colleagues.

Might the College set an example by more reliance on individuals to develop its policies—more quickly, more clearly, and more outward looking, to accommodate better the concerns and expectations of other agencies and professions? The policy approving committees might need to meet less frequently and cost us less, but, much more important, their views might be heard.